

## GUIDE TO GARAGE LICENSES

A license must be obtained before operating a garage. Licensure is valid from the date of the license through the following April 30. Contact the City Clerk (617 625-6600 x4100) if you have any questions about the application process. The nonrefundable application fee is \$200.00, and the public hearing fee is \$75.00. A separate license is required if you want to store flammable materials.

To complete the application:

1. Fill in the Garage License Application and sign the Acknowledgment. Fill in and sign the REAP Attestation. Fill in and sign the top half of the Certificate of Good Standing. Fill in and sign the Workers' Compensation Insurance Affidavit (In most cases, fill in the unshaded portion and sign at the bottom; if you have workers' compensation insurance, be sure to include the name of the insurance company and the policy number).
2. Contact the Inspectional Services Department (located at 1 Franey Road, 617-625-6600 x5600). A Building Inspector will verify that the building is properly zoned, confirm that the building or structure conforms to the State Building Code, and, determine how many vehicles you may store on the premises.
3. Contact the Fire Prevention Bureau (located at 255 Somerville Avenue, 617-623-1700 x8400). A Fire Prevention Inspector will determine whether the fire safety code applies and whether you also need a Storage of Flammables License. An application for that License is available at the City Clerk's Office.
4. Obtain a sign-off on the Certificate of Good Standing by the City Treasurer (City Hall, 93 Highland Avenue, 617 625-6600 x3500), to confirm that all taxes and fees have been paid, during the following hours: Mon–Wed 8:30AM–4:00PM, Thu 8:30AM-7:00PM, Fri 8:30AM-12:00PM.
5. Return all materials to the City Clerk. Submit to the City Clerk a total of \$275.00: \$200.00 for the application fee, and \$75.00 for advertisement of a Public Hearing.
6. The City Clerk will submit the Application to the Board of Aldermen. You do not need to be present. The Board usually meets on the 2<sup>nd</sup> and 4<sup>th</sup> Thursday of the month. The Board will forward the Application to the Committee on Licenses and Permits for a review and a Public Hearing.
7. The City Clerk will inform you of the date for the Public Hearing before the Committee on Licenses and Permits. You should attend the Public Hearing. Obtain from the City Assessor's Office a list of all property owners within 300 feet of the location. Complete an Abutter Public Hearing Notification letter for each abutter, telling them about your application and the Public Hearing. Send the Abutter Public Hearing Notification letter, by Certified Mail-Return Receipt Requested, to each abutter at least ten days before the hearing. Collect all of the Return Receipts and submit them to the City Clerk.
8. Following Board approval, the Mayor has up to ten days to sign off on the application, before the license can be issued. The City Clerk will notify you of the Board of Aldermen's decision.

# GARAGE LICENSE APPLICATION

Application Fee \$200.00

Date \_\_\_\_\_

FOR CITY CLERK'S OFFICE ONLY

Date Recorded \_\_\_\_\_

Amount Paid \_\_\_\_\_

\_\_\_ New Application

## Renewing Application with Additions or Changes

### Renewing Application with NO Additions or Changes

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Business DBA Name (if applicable):\_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

Mailing Name (where we should send correspondence to):\_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address with Zip Code:\_\_\_\_\_

Emergency Contact 1: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of Business (Check one):    ☐ Individual    ☐ Sole Proprietorship

Corporation      Association      Partnership

IF AN INDIVIDUAL OR SOLE PROPRIETORSHIP:

Owner's Name: \_\_\_\_\_

Address with Zip Code:

**IF A CORPORATION OR ASSOCIATION:**

President's Name: \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

Secretary's Name: \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

Treasurer's Name: \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

IF A PARTNERSHIP (Attach additional sheets as necessary):

Partner 1's Name: \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

Partner 2's Name: \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

- |    |  |           |
|----|--|-----------|
| 1. | Will you be open to the public at this location?                   | Y __ N __ |
| 2. | Will you be doing mechanical repairs of vehicles at this location? | Y __ N __ |
| 3. | Will you be doing autobody work on vehicles at this location?      | Y __ N __ |
| 4. | Will you be spray painting vehicles or parts at this location?     | Y __ N __ |
| 5. | Will you be washing vehicle at this location?                      | Y __ N __ |
| 6. | Will you be charging money to park vehicles at this location?      | Y __ N __ |
| 7. | Will you be storing unregistered vehicles at this location?        | Y __ N __ |
| 8. | Will you be operating a tow vehicle at this location?              | Y __ N __ |

Have you ever obtained a garage license before? Y \_\_ N \_\_

If yes, list year, city and state \_\_\_\_\_

\_\_\_\_\_

Have you ever been denied a garage license? Y \_\_ N \_\_

If yes, list year, city and state \_\_\_\_\_

\_\_\_\_\_

Have you ever had a garage license revoked or suspended? Y \_\_ N \_\_

If yes, list year, city and state \_\_\_\_\_

\_\_\_\_\_

Describe all of the premises to be used in the business: \_\_\_\_\_

\_\_\_\_\_

Note that the hours of operation for garages are Monday through Friday, 8 AM to 6 PM, Saturday, 8 AM to 2 PM, and Sunday, Closed. If you require different hours of operation, explain:

\_\_\_\_\_

\_\_\_\_\_

## ACKNOWLEDGEMENT

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will only be effective for the listed location, will expire on April 30, and will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville.

Signature of Applicant:\_\_\_\_\_ Date\_\_\_\_\_

Business Name:\_\_\_\_\_

Business Address:\_\_\_\_\_

## INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:

The building located at the premises mentioned above is in a \_\_\_\_\_ Zone.

\_\_\_\_\_ The use is permitted as of right

\_\_\_\_\_ The use requires a special permit

\_\_\_\_\_ The use is prohibited

I have inspected the premises mentioned above and based on my inspection, believe that the building or structure conforms with the State Building Code. (NOTE: This statement is NOT a certificate of occupancy, nor does it replace the requirement for a certificate of occupancy.)

Maximum number of motor vehicles to be kept on the premises: \_\_\_\_\_ inside  
\_\_\_\_\_ outside

Signature:\_\_\_\_\_ Date:\_\_\_\_\_

Print Name:\_\_\_\_\_ Title:\_\_\_\_\_

## FIRE PREVENTION BUREAU RECOMMENDATION

I have inspected the premises mentioned above and based on my inspection:

I have inspected the premises mentioned above and based on my inspection, believe that the building or structure conforms with the Fire Safety Code. (NOTE: This statement is NOT a storage of flammables permit, nor does it replace the requirement for a storage of flammables permit.)

\_\_\_\_\_ A 148 sec. 13 License is required

\_\_\_\_\_ A 148 sec. 13 License is NOT required

Signature:\_\_\_\_\_ Date:\_\_\_\_\_

Print Name:\_\_\_\_\_ Title:\_\_\_\_\_

**MASSACHUSETTS DEPARTMENT OF REVENUE**

**REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION**

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

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\* Signature of Individual or Corporate Name (Mandatory)

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By: Corporate Officer (Mandatory, if a corporation)

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\*\* Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

\* This license will not be issued unless this certification clause is signed by the applicant.

\*\* Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.



City of Somerville, Massachusetts  
Finance Department, Treasury Division

***WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.***

**CERTIFICATE OF GOOD STANDING**

1. Exact name of taxpayer/applicant's business: \_\_\_\_\_
2. Address of taxpayer/applicant's business in Somerville: \_\_\_\_\_
3. Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_
4. Taxpayer/applicant's phone: day: \_\_\_\_\_ evening: \_\_\_\_\_

I, \_\_\_\_\_, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due the City have been paid or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

**SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY**, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. \_\_\_\_\_  
(Taxpayer's signature)

**CITY'S ACKNOWLEDGEMENT**

**DATE OF ISSUANCE:** \_\_\_\_\_ **INCLUDES RELEVANT POSTINGS THROUGH:** \_\_\_\_\_

**TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:**

☐ Real Estate      ☐ Water/Sewer      ☐ Personal Property      ☐ Other: \_\_\_\_\_

# \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_

**NOTES:**

**CLERK'S INITIALS:** \_\_\_\_\_ **ORIGINAL STAMP:** \_\_\_\_\_

**The Commonwealth of Massachusetts**  
**Department of Industrial Accidents**  
**Office of Investigations**  
**600 Washington Street**  
**Boston, Mass. 02111**

**Workers' Compensation Insurance Affidavit - General Businesses**

**Applicant information:**

**Please PRINT legibly**

name: \_\_\_\_\_

address: \_\_\_\_\_

city: \_\_\_\_\_

state: \_\_\_\_\_

zip: \_\_\_\_\_

phone #: \_\_\_\_\_

work site location (full address): \_\_\_\_\_

- ☐ I am a sole proprietor and have no one working in any capacity.
- ☐ I am an employer with \_\_\_\_\_ employees (full & part time).
- ☐ I am an employer providing workers' compensation for my employees working on this job.

**Business Type:**

- ☐ Retail      ☐ Restaurant/Bar/Eating Establishment
- ☐ Office      ☐ Sales (including Real Estate, Autos etc.)
- ☐ Other \_\_\_\_\_

company name: \_\_\_\_\_

address: \_\_\_\_\_

city: \_\_\_\_\_

phone #: \_\_\_\_\_

insurance co.: \_\_\_\_\_

policy #: \_\_\_\_\_

- ☐ I am a sole proprietor and have hired the independent contractors listed below who have the following workers' compensation policies.

**company name:** \_\_\_\_\_

**address:** \_\_\_\_\_

**city:** \_\_\_\_\_

**phone #:** \_\_\_\_\_

**insurance co.:** \_\_\_\_\_

**policy #:** \_\_\_\_\_

**company name:** \_\_\_\_\_

**address:** \_\_\_\_\_

**city:** \_\_\_\_\_

**phone #:** \_\_\_\_\_

**insurance co.:** \_\_\_\_\_

**policy #:** \_\_\_\_\_

**Attach additional sheet if necessary**

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

*I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**official use only      do not write in this area      to be completed by city or town official**

city or town: \_\_\_\_\_ permit/license #: \_\_\_\_\_

☐ check if immediate response is required

contact person: \_\_\_\_\_ phone #: \_\_\_\_\_

(revised Sept. 2003)

- ☐ Building Department
- ☐ Licensing Board
- ☐ Selectmen's Office
- ☐ Health Department
- ☐ Other \_\_\_\_\_

## ABUTTER PUBLIC HEARING NOTIFICATION

Petitioner:\_\_\_\_\_

Address:\_\_\_\_\_  
\_\_\_\_\_

Date:\_\_\_\_\_

To an Abutter or Interested Party:

A Public Hearing for all persons interested will be held before the Somerville Board of Aldermen in the Aldermanic Chambers or Committee Room, City Hall, 2<sup>nd</sup> Floor, 93 Highland Avenue, Somerville, MA, 02143, on the following date:\_\_\_\_\_, at \_\_\_\_\_ PM, to consider pending cases and hear testimony as to the following matter. You, the abutter or interested party, are invited to appear and be heard at this Hearing.

Description of Permit/License Application, including Location:\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sincerely,

\_\_\_\_\_

Petitioner's Signature